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MAY - 9 2017

U.S. District Court  
Eastern District of MOUNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
DIVISION

Kevin Kunlay Williams )  
 )  
aka Kunlay Sodipo )  
 )  
 )  
 (Enter above the full name of the )  
 Plaintiff in this action. Include prison )  
 registration number.) )  
 )

v. )

① Dr LLOYNDE (Medical Director) )② Debbie Echelle (Medical Director) )③ Larry Crawford Correction Director )  
 )  
 )Case No. \_\_\_\_\_  
(To be assigned by Clerk)In what capacity are you suing the  
defendants?

(Enter above the full name of ALL Defend- )  
 ant(s) in this action. Fed. R. Civ. P. 10(a) )  
 requires that the caption of the complaint )  
 include the names of all the parties. Merely )  
 listing one party and "et al." is insufficient. )  
 Please attach additional sheets if necessary. )

☐ Official  
☐ Individual  
☒ Both

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

## I. PLACE OF PRESENT CONFINEMENT:

Saint Charles county of Missouri Saint Charles

## II. PREVIOUS CIVIL ACTIONS:

A. Have you brought any other civil actions in state or federal court dealing with the  
same facts involved in this action or otherwise relating to your confinement?

YES [ ]

NO [X]

4. Are you presently employed?

Yes ☐ No ☒

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

\$30,000<sup>00</sup> ~~xx~~ per month

5. Have you received, within the past twelve (12) months, money from any of the following sources?

	Yes	No
Business, profession or form of self-employment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent payments, interest or dividends?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pensions, annuities or life insurance payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gifts or inheritances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above is "yes," describe the source and amount of money received from each during the past twelve (12) months.

Family \$15<sup>00</sup> ~~xx~~

6. Do you own any cash, or do you have money in a checking or savings account? Include any funds in prison accounts during the last six (6) months.

Yes ☒ No ☐

If the answer is "yes," state the total amount of cash owned, and the average monthly balance in all checking, savings or prison account during the last six (6) months.

\$25<sup>00</sup> ~~xx~~

- C. If your answer to "B" is YES, what steps did you take: I File a grievance.  
Answer: Thank you for informing me (Medical Director for  
the correction replied answer
- D. If your answer to "B" is NO, explain why you have not used the grievance system:
- \_\_\_\_\_
- \_\_\_\_\_

IV. PARTIES TO THIS ACTION:

A. Plaintiff

1. Name of Plaintiff: Kevin Kunlay Williams (aka) Kunlay Sodipo
2. Plaintiff's address: 301 North 2nd Street, Saint Charles MO 63301
3. Registration number: #2010087773

B. Defendant(s)

1. Name of Defendant: Dr LLOYNDE (Correction Medical Doctor)
2. Defendant's address: 301, North 2nd Street, Saint Charles, MO 63301
3. Defendant's employer and job title: Saint Charles County Jail of Missouri  
301, North 2nd Street, Saint Charles, MO 63301
4. Additional Defendant(s) and address(es): Debbie Echele  
Saint Charles County Jail of Missouri  
301, North 2nd Street, Saint Charles MO 63301

Job title: Medical Director for the Correction

- ③ Name of Defendant: Larry Crawford Correction Director  
Saint Charles County Jail of Missouri  
301, North 2nd Street, Saint Charles Missouri 63301

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES [ ]

NO [X]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES [ ]

NO [X]

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

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D. If your answer to "B" is NO, explain why you have not made such efforts:

I am indigent at this particular time because of FBI is  
in control of my property

E. Have you previously been represented by counsel in a civil action in this Court?

YES [ ]

NO [X]

F. If your answer to "E" is YES, state the attorney's name and address:

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## Jury Trial Demanded

- VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

On March 13, 2017 @ Saint Charles county of Missouri Located @ 301 North 2nd Street, Saint Charles Missouri 63301 I was abused ~~by~~ physically and verbally by Correctional Medical doctor Mr Lloydde knowing and intentionally by assaulting me with his hand, he became very physically aggressive by jabbing his finger into my chest because I explained my medical problem to him. He constantly threaten to cut my medication and removed me from my insulin living dependant to survive my diabetic condition. I have been living on insulin for the past 15 years now he has stopped me from getting in insulin daily dosage. The Medical Director Ms Debbie Echele could have fired Dr Lloydde immediately but she allowed the abuse to continued. Larry Crawford Correctional director could have removed Dr Lloydde but he allowed the abuse to continued. This matter is a about life not a game situation. A correctional officer who witnessed Dr Lloydde misconduct behavior reported the incident to the Medical Director. Dr Lloydde constantly denied me of my medical needs, this is a abuse of power giving to me. This institution has failed to provide inmates with United States postal services (USPS) eg. certified mail or registered mail for there legal service, the only service provided is stamp and Envelope. This is wrong and illegal to Prisoner rights

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a state prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

I need justice and equal rights

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

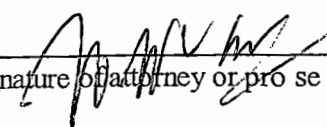
YES ☒ NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

\$25,000,000.00 Saint Charles County Jail Medical Administrator  
has damaged my health living condition for the rest of my life

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☒ NO ☐

  
Signature of attorney or pro se Plaintiff

5/9/17  
Date



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U.S. District Court  
Eastern District of MO

United States District Court  
Eastern District of Missouri

Saint Louis Division

Certificate of Service

Kevin Kunlay Williams

aka Kunlay Sodipo  
(Plaintiff)

Case No. \_\_\_\_\_

Vs

- ① Dr LLOYNDE (Medical Director)
- ② Debbie Echelle (Medical Director)
- ③ Larry Crawford (Correction Director)

I hereby certify that a copy of the foregoing was mailed to  
the office of the clerk United States District, Eastern District of Missouri  
Located @ the 111 S Tenth Street Suite #3300, Saint Louis MO, 63102  
on May 9th 2017.

Kevin Kunlay Williams  
aka Kunlay Sodipo

